

This form is to be completed by all employees, Medical Staff, residents, volunteers, researchers, students, educators, Board Members and midwives. Completion by all members of the Medical Staff is a prerequisite for medical staff appointment. Completed forms will be retained in the appropriate corresponding program files. Managers/Supervisors are to send the form of AHS employees to Human Resources by fax to 1-888-908-4408 or email at Hrdataadmin.ahs@albertahealthservices.ca. Completed forms received by HR are considered the legal record, all other copies can be securely destroyed.

Alberta Health Services (AHS) is responsible for protecting the confidentiality of information that it collects, uses, stores and discloses over the course of its operations. You will have access to AHS information as part of your job duties and responsibilities. This document describes how you, as an AHS Affiliate (defined under the Health Information Act), must handle AHS information, including AHS information systems, and will help you comply with relevant AHS policies. Refer to Information and Technology Management policies on www.albertahealthservices.ca/210.asp.

Last Name	First Name
Job Title (e.g. Physician, Analyst, Nurse, etc)	Identification # (For physicians-CPSA #)
Role (submit your form to the office identified in brackets) <input type="checkbox"/> Employee of AHS/subsidiary (Manager/Supervisor) <input type="checkbox"/> Medical Staff, Medical Students, Residents (Zone Medical Office)	<input type="checkbox"/> Volunteer (Volunteer Resources Coordinator) <input type="checkbox"/> Researcher (Repository Owner) <input type="checkbox"/> Student or Educator (Educational Institution Liasion) <input type="checkbox"/> Board Member (Board Office) <input type="checkbox"/> Midwives (Chief Nursing Officer)

It is required that you read and understand the above referenced policies and treat patient or other information as confidential. Confidentiality of information is governed by both AHS policy and provincial and federal law.

You must sign this Agreement before AHS will grant access to AHS information or an AHS System. This Agreement explains the rules and expectations related to securing and protecting AHS information and systems. You may be required to comply with additional terms and conditions before accessing specific AHS Systems.

Agreement

System Security

1. I will keep any AHS System login information such as my user password confidential and will not share this login information with anyone else.
2. I am responsible for any use of any AHS System performed under my login information.
3. I will not leave my workstation unattended without logging out or securing my workstation.
4. I will not use or obtain another person's login information.
5. If I believe my login information may be known by another person I will immediately change my password and notify the AHS IT Security and Compliance Office.
6. I shall not download or install any application or program to an AHS System without the approval of the administrator for that particular AHS System.

Agreement (continued)

Appropriate Collection, Use and Disclosure of Information.

7. I shall only collect, access, use and disclose the **minimum** information necessary for the purpose of fulfilling my AHS job duties and responsibilities.
8. I will not access information for non-AHS purposes, including accessing my own health information, or the information pertaining to: a family member, friend, colleague, or anyone who is not within my scope of my duties and responsibilities. There are procedures in place in Health Records which would allow me or others to appropriately request access to health information.
9. I shall ensure that information I enter into an AHS System is complete and accurate to the best of my ability.
10. I shall dispose of any information I access from the AHS System (whether in electronic or paper form) in a secure manner as explained in AHS policies and procedures.
11. I shall use reasonable means to ensure that while I am accessing information on an AHS System it will not be viewed or obtained by unauthorized people. (e.g. secure my computer, be discreet when viewing data).
12. I understand that AHS retains ownership and control over all information contained in the AHS System (whether in electronic or paper form).
13. I shall not collect, use, transmit or disclose any AHS information except as allowed by AHS policies and procedures.

Confidentiality Provisions

14. I shall take reasonable actions to keep all information private and confidential and prevent the unauthorized collection, use and/or disclosure of all information that I come into contact with.
15. I accept that the obligation to keep AHS information confidential continues even after I leave the organization or my relationship with AHS ends.
16. If I become aware of a violation of a policy referenced above or a potential or actual breach of confidentiality, I will notify my Supervisor immediately. I will also notify the AHS Information & Privacy Office or IT Security & Compliance as soon as possible.

Audit and Sanctions

17. I understand and acknowledge that AHS conducts random audits of AHS Systems and may audit my use of any AHS System without notice.
18. I understand that AHS, in its sole discretion, may revoke or restrict my access to any AHS information or AHS System, for any reason.
19. I acknowledge that I have read the policies referenced above and understand the consequences for a violation of those policies and/or this Agreement.

I accept the rules and expectations described in this agreement:

Name (<i>print</i>)	Signature	Date (<i>yyyy-Mon-dd</i>)
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